



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE ETHICS COMMISSION

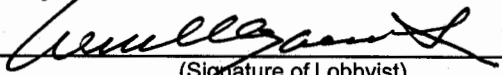
LOBBYIST REGISTRATION FORM

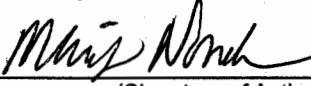
(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
KANEKO	WILLIAM	M.	524-1800
MAILING ADDRESS (Street)			FAX
18th Floor, American Savings Bank Tower 1001 Bishop Street			524-4591
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Alston Hunt Floyd & Ing			524-1800
MAILING ADDRESS (Street)			FAX
18th Floor, American Savings Bank Tower 1001 Bishop Street			524-4591
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Dental Hygienists' Association		396-9168
MAILING ADDRESS (Street)		FAX
P.O. Box 23313		
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96823
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Marilyn Nonaka		396-9168
MAILING ADDRESS (Street)		FAX
Hawaii Dental Hygienists' Association P.O. Box 23313		
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96823

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
✓ Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	✓ Health	Planning, Land & Water Use Management	Other: (Indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
 (Signature of Lobbyist)	<u>3/23/05</u> (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Marilyn Nonaka		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President
NAME OF ORGANIZATION (if applicable) Hawaii Dental Hygienists' Association		TELEPHONE 396-9168
MAILING ADDRESS (Street) P.O. Box 23313		FAX
(City) Honolulu	(State) Hawaii	(Zip Code) 96823
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
 (Signature of Authorizing Officer or Person Represented)		<u>3/28/05</u> (Date)